

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: JASPER  
(a) County  
(b) City or town JOPLIN  
(c) Name of hospital or institution: 731 N. John  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 years.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella Gibson.  
3. (b) If veteran, name was No  
3. (c) Social Security No. No

4. Sex Fem. 5. Color or race W. 6. (a) Single, widowed, married, divorced 2 Widowed.  
6. (b) Name of husband or wife Frank Gibson. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb. 3, 1857.  
(Month) (Day) (Year)

8. AGE: 83 Years 83 Months 11 Days 11  
If less than one day hr. min.

9. Birthplace Cook Co. Ill.;  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business  
12. Name Wm. J. Sewart  
13. Birthplace NEW YORK  
(City, town, or county) (State or foreign country)  
14. Maiden name REBECCA KELLY  
15. Birthplace CANADA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mother  
(b) Address Jasper Mo

17. (a) Burial (b) Date thereof 1-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director Hurlbut Und. Co.  
(b) Address Joplin Mo.

19. (a) 1-15-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin Mo;  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 th And Rex Crossing.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. No years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan 14, day 1941.  
year 5-00 P. M. minute M.

21. I hereby certify that I attended the deceased from Jan 14, 1941, to Jan 14, 1941.  
that I last saw her alive on Jan 8, 1941, and that death occurred on the date and hour stated above.  
Immediate cause of death

Cardio-Respiral Disease 2 yrs  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? Means of injury

23. Signature Hurlbut (M. D. or other)  
Address Joplin Mo Date signed Jan 14, 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-2-170

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Sam E. Sweeney*

Licensed Embalmer No. *4099*

P. O. Address

*Spokane Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**